



A Service of The City of Cincinnati

GREATER CINCINNATI
WATER WORKS

Water Service Branch Application Checklist: Fire Branches, Domestic Services > 2", Dual Service & Tri-Service Branches

Project Address: _____

This checklist is provided to assist in making an application for water service.

☐ **1.) This Water Service Checklist must be completed and submitted with the following items:**

For Office Use Only: Viewed on date ____/____/____ ☐ Needs changes prior to application ☐ Ready for submittal

☐ **2.) All Appropriate Cross Connection Questionnaire(s); complete & signed by the GCWW Certified Person as specified**

For Office Use Only: Viewed on date ____/____/____ ☐ Needs changes prior to application ☐ Ready for submittal

☐ **3.) One printed full-size Large Branch Drawing with all GCWW required information as specified in the GCWW Branch and Meter Procedures. Once approved, four copies will be required to be provided by certified person.**

For Office Use Only: Viewed on date ____/____/____ ☐ Needs changes prior to application ☐ Ready for submittal

☐ **4.) Current Flow Test data as specified in the GCWW Branch and Meter Procedures**

For Office Use Only: Viewed on date ____/____/____ ☐ Needs changes prior to application ☐ Ready for submittal

☐ **5.) Demand Calculations for all Branches larger than 2" (For each part of any dual or tri-service larger than 2")**

For Office Use Only: Viewed on date ____/____/____ ☐ Needs changes prior to application ☐ Ready for submittal

☐ **6.) One printed copy of the issued Permit for the subject premise as specified in the GCWW Branch and Meter Procedures.**

For Office Use Only: Viewed on date ____/____/____ ☐ Needs changes prior to application ☐ Ready for submittal

- Greater Cincinnati Water Works will consider the applicant to be the single point of contact.
- All communication is expected to come through the applicant in a timely manner.
- Inaction or lack of communication from the applicant for 4 weeks will cancel this application.

GCWW recommends that the "certified person" of record return all six (6) documents listed in person in the event there are questions or modifications required.

GCWW Certified Person's Signature: _____ Date: _____

GCWW Certified Person's Information:

Name: _____ Phone Number: _____

Company Name: _____

Company Address: _____

Email Address: _____